



LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV MEETING MINUTES May 10, 2007

APPROVED
6/14/07

MEMBERS PRESENT	MEMBERS PRESENT (Cont.)	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Angélica Palmeros	Sharon Chamberlain	Kyle Baker
Anthony Braswell, <i>Co-Chair</i>	Mario Pérez	Camila Crespo	Angela Boger
Ruben Acosta/Chris Villa	Wendy Schwartz	Thanh Doan	Michael Green
Diana Baumbauer	James Skinner	Keesha Effs	David Pieribone
Carrie Broadus	Peg Taylor	Lisa Fisher	William Strain
Mario Chavez	Kathy Watt	Susan Forrest	Juhua Wu
Nettie DeAugustine	Jocelyn Woodard/James Smith	Christen Gibson	Dave Young
Whitney Engeran		S. Joanne Granai	
Douglas Frye		Shawn Griffin	
David Giugni	MEMBERS ABSENT	Gabriela Leon	COMMISSION STAFF/CONSULTANTS
Terry Goddard		Ted Liso	
Jeffrey Goodman	Daisy Aguirre	Richard Mathias	Virginia Bonila
Richard Hamilton	Al Ballesteros	Trip Oldfield	Miguel Fernandez
Michael Johnson	Alicia Crews-Rhoden	Jane Price	Jane Nachazel
Jan King	William Fuentes	Daniel Rivas	Glenda Pinney
Lee Kochems	Quentin O'Brien	Jill Rotenberg	James Stewart
Brad Land/Dean Page	Everardo Orozco	Natalie Sanchez	Craig Vincent-Jones
Anna Long	Gilbert Varela	Onora Saportas	Nicole Werner
Davyd McCoy	Fariba Younai	Tania Trillo	
Ruel Nollado			

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:05 a.m. Quorum achieved by 9:15 am.
 - Roll Call (Present):** Baumbauer, Braswell, DeAugustine, Engeran, Frye, Giugni, Goddard, Goodman, Johnson, King, Kochems, Land, Page, Mario Pérez, Skinner, Watt, Woodard
- APPROVAL OF AGENDA:**

MOTION #1: Approve the Agenda Order with postponement of 17C (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**

MOTION #2: Approve the minutes from the April 12, 2007 Commission meeting (*Passed by Consensus*).
- PARLIAMENTARY TRAINING:** Mr. Stewart had no comments.

5. PUBLIC COMMENT, NON-AGENDIZED:

- Ms. Effs thanked everyone who had helped support her work on behalf of PWH/A in Jamaica. She has had the opportunity to learn about various programs and has received materials that will help her improve services. She added that there would be a June event on behalf of 85 children living with HIV at the Village where she volunteers.

6. COMMISSION COMMENT, NON-AGENDIZED:

- Mr. Page announced that May 20th would be the annual worldwide HIV Candlelight Memorial. People are encouraged to light a candle in remembrance.
- May is Hepatitis C Awareness month. American Recovery Center is hosting an event on May 19th. There will be testing for both Hepatitis C and HIV.
- Mr. Skinner thanked the Commission for the flowers in remembrance of his partner.
- Mr. Land suggested the Commission discuss their presence at the 2007 United States Conference of AIDS (USCA) that will be held in Palm Springs next November. The first planning meeting will be in June. They will need 3,000 volunteers. Volunteers receive consideration for conference attendance and some scholarships for PWH/A will also be available.
- ➡ It was agreed to place discussion of the USCA on the Executive Committee agenda.

7. PUBLIC/COMMISSION COMMENT FOLLOW-UP:

A. Year 17 Allocations:

- Mr. Goodman noted a memorandum in the packet summarizing review at the last Priorities and Planning Committee (P&P) meeting of a request to revise the Year 17 allocations adopted March 8, 2007. Ms. Broadus asked why the letter, dated May 2nd, had not been distributed to Commissioners in advance of the meeting. Mr. Vincent-Jones said that, while the report had been started on May 2nd, it was completed until May 9th, and the date had not been changed.
- APLA and ten other providers had submitted an April 20, 2007 letter requesting that psychosocial case management be reclassified from a supportive service to a core medical service. The subject, however, had been extensively discussed at the February Committee meeting at which the determination had been made.
- He went on to say that while some EMAs have chosen to include psychosocial case management in core medical services, others have not. In addition to differences among EMA epidemics, Los Angeles County has adopted specific and separate standards of care for medical and psychosocial case management. Many EMAs combine the two.
- There was no hard evidence that HRSA would provide guidance about this interpretation. Hearsay and anecdotal evidence were considered insufficient to potentially risk funding or compliance.
- Mr. Goodman emphasized that not allocating funding is not the same as cutting funding. The Committee did not base its recommendations on the premise that Net County Cost (NCC) funds might backfill reductions in any specific allocations. On the other hand, case management contracts would not expire until 2008, which may mitigate immediate changes.
- Mr. Pérez clarified that the Year 17 recommendations for funding eliminated Ryan White allocations for some categories and reduced allocations to others. OAPP will work to maintain current services, but could not guarantee it. Mr. Nollado asked if Year 17 contracts signed March 1st were set or not. Mr. Vincent-Jones replied that contracts are set, though OAPP has tools to amend them if necessary. Ms. Watt said all providers were aware of those rules. Mr. Goodman added P&P made no presumptions on NCC.
- In response to a question, Mr. Pérez reported that there are seven medical case management providers, funded for about \$280,000. He noted that the service category had been included in the rate study. The intent is to align all medical outpatient contracts with the same set of services.
- In summary, P&P unanimously felt that there was no new information presented that warranted revision of the allocations. The Committee concluded that their interpretation of the legislation was appropriate. Mr. Goodman also reported that the Committee concluded that it had maintained transparency during the allocation process, corresponding with policies and procedures establishing the framework for the priority- and allocation-setting process.
- He added that while P&P does not believe that psychosocial case management can be defined as a core medical service at this time, it acknowledges that there are elements of the service category that could be interpreted as part of a core medical services. P&P recommended that the Standards of Care Committee incorporate that perspective into the development of the new Care Coordination standard.
- Mr. Engeran complimented P&P on their work and the well-attended meeting, but felt HRSA was responsible for guidance rather than leaving EMAs to contend within and among themselves. He suggested a letter to HRSA requesting clarification on case management services. He noted that AHF has already written a letter to the Secretary of Health and Human Services to that effect.
- Mr. Pérez noted that there has been concern over increased prescriptiveness by the federal government regarding funding allocations. He cautioned that questioning the vagueness of current legislation might have that consequence. Mr. Land felt it was important for HRSA to clarify its expectations. Ms. DeAugustine more prescriptive guidance from the federal

government is usually not desirable, in this case HRSA has abdicated its responsibility. Mr. Nollado expressed concern that HRSA might respond in a way that threatens supportive services. Ms. Broadus felt the language was purposefully ambiguous to allow EMAs the leeway to adjust to local conditions.

- ➡ Mr. Land suggested the Public Policy Committee educate the California Congressional delegation on the consequences of HRSA's lack of guidance. California has members on the Appropriations, Health and other committees in the House and Senate. Mr. Braswell suggested raising the issue at the next conference call with the Project Officer as well.

MOTION #2A: (Engeran/Land) Write a letter from the Commission to HRSA requesting guidance on the definition of case management (*Passed: 11 Ayes; 7 Opposed; 5 Abstentions*).

8. CO-CHAIRS' REPORT:

- A. Commission Year 17 Implementation Plan:** Mr. Braswell noted the plan had been out for 30 days public comment.

MOTION #3: Adopt the Commission's Year 17 Implementation Plan, as presented (*Passed by Consensus*).

- B. Executive Committee At-Large Seats:** Nominations were opened last month. Two seats were vacated when previous holders were elected as Committee co-chairs. Mr. Land and Mr. Skinner were nominated and accepted the nominations. There were no other nominees.

MOTION #4: Elect nominees to the Executive Committee At-Large seats, as nominated (*Passed by Consensus*).

9. EXECUTIVE DIRECTOR'S REPORT: There was no report.

10. STATE OFFICE OF AIDS REPORT:

- Ms Taylor reported that the position for Chief, Office of AIDS (OA) had been open since July 2006 and was not yet filled. She added that the Director, Department of Public Health, will be the OA Health Officer, which should help organizationally.
- The state budget is the current primary OA focus. As noted the prior month, the Part B award was received and program allocation had begun. The current cycle of three-year care and treatment contracts is being closed out, with re-allocation of unspent funds including \$900,000 to the Therapeutic Monitoring Program (TMP). Contract development has begun for the next three-year cycle. She acknowledged that use of TMP has increased significantly, and, that as a result, advocates are requesting a higher budget allocation. She affirmed that OA would help Los Angeles with its shortfall. Mr. Pérez said OAPP was requesting 3,000 vouchers.
- Mr. Goodman asked about efforts to increase TMP funding. Ms. Taylor responded that advocates have requested that \$4.7 million be added to TMP. That would approximate its funding before funds were shifted to ADAP. Mr. Nollado said the funds were in the Assembly version of the budget.
- ➡ Dr. King felt it would be helpful to have a report on OA activities regarding opt-out HIV testing.
- ➡ Ms. Taylor encouraged people to refer requests to her in advance for information on specific topics so she can prepare it. She commented that she is limited in what she can report to the Commission on actions that have not yet been finalized, but would like time on the agenda in future to better explain the state's budgeting process.
- Ms. Taylor said OA had received the Part B Minority AIDS Initiative (MAI) application. Ordinarily they receive about \$580,000 that usually supports the Bridge Program. Unfortunately, she reported, they did not have time to complete the competitive application since it would have been due within four days to the first level of State review. OA is confident funds can be backfilled.
- Ms. Taylor said they would have had to pull staff from epidemiology, prevention, care and administration to develop the MAI application. Previously funds were applied for as part of the Title II application. OA had planned to apply in future, although they did not realize that not applying the first year meant that they couldn't apply in subsequent years.
- Mr. Land was concerned that some MAI application should be submitted, even late. He felt the OA Chief vacancy hurt advocacy and asked if the Commission could help fill the void. Ms. Watt stated every agency has faced short turnarounds with limited staff. It is not acceptable not to apply. She noted that Ms. Taylor talks about OA friends in the State. They should be called upon to help if needed.
- Ms. Broadus pointed out the State had just passed an African-American Initiative underscoring disparities in care resulting in increased African-American mortality. It is not acceptable to say there isn't time to save black and brown lives. She said she is going to advise her elected officials of OA's decision.
- Ms. Taylor said OA values people of color. Funds are available this year from Part B support. There are plans to develop additional MAI funding in future. Ms. Taylor added that OA is going to protest to HRSA about the application process.
- Mr. Nollado pointed out that funds moved from elsewhere still reduce services, including services for people of color. Ms. DeAugustine noted that governmental applications require many levels of approval before they can be submitted. She suggested the Commission might be able to help advocate. Dr. King acknowledged State procedural restraints, but pointed out that not making the attempt to apply sends the wrong message to the federal government. That perspective needed to be reported to Ms. Taylor's superiors.

- Ms. Taylor said the application would have had to be submitted for OA division review the prior Monday, followed by Prevention Services, the Chief Deputy Director and the Deputy Director. Other documents would simultaneously go through budget review in a separate process. The application is due to HRSA on May 29th.
- Dr. Long recommended that OA come to the EMAs for help and outside pressure when there are situations like this. Mr. Vincent-Jones acknowledged that government can be slow, but it can also turn on a dime when it is a priority. The Commission can help provide advocacy. He added that the Managing Scarcity Conference in San Francisco would include grantee representatives and planning council members from all over the state, and suggested that the agenda be superceded in lieu of work on the application. Mr. Skinner stated it was not acceptable that the Commission was only being informed of this problem today. Ms. Taylor said the decision had been made last Thursday.
- Mr. Pérez felt not applying would have serious ramifications. There is a Washington, D.C. myth that California is rich; not applying supports that myth and limits future credibility. He continued that, while pressure to appoint a new Chief is appropriate, the vacancy should not impair the application. He said OAPP had not expected a Part A 80-page MAI application either, but had to make adjustments. Similarly, the Governor could delegate authority to the Acting Chief of OA to submit an application on behalf of the State. Bureaucratic and administrative barriers cannot be allowed to trump a public health emergency. California is one of the few states with both an African-American and a Latino HIV specialist. It would send the wrong message to the rest of the country if California did not apply.
- As the largest EMA in the State, Los Angeles could lobby the Managing Scarcity Conference sponsors to alter the agenda. Both the Commission and OAPP volunteered personnel to help complete a state proposal.
- Ms. Taylor said she would related the Commission's input immediately. Mr. Vincent-Jones suggested that a copy of the meeting would be provided to her, so that her superiors could hear the Commission response for themselves.
- Dr. Frye said they had talked to HRSA during the National Surveillance Coordinator's meeting yesterday. The technical guidance for the data will not be available until next Wednesday, but OAPP will have it in time for the Part A MAI.

MOTION #4A: (Kochems/Land) The Commission will submit a letter to the Governor strongly recommending that the Part B MAI application be expedited (*Passed by Consensus*).

A. Managing Scarcity Conference: This subject was deferred in lieu of the previous discussion.

11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT: Mr. Pérez indicated that the Year 17 Part B award had been received, and reflected an increase of \$189,000 for a total of more than \$3.7 million.

A. Year 17 Part A Supplemental Award:

- Mr. Pérez reported that the Part A Supplemental award had not yet been received. OAPP received an email on April 30th, when the award had been expected, that it should arrive May 15th. The tardiness of the award presents challenges since it is later than usual. Once received, OAPP can take the Commission percentages and review the situation. The BOS approved many contracts in February to start either March 1st or April 1st. Providers will be notified as soon as possible.
- Mr. Pérez corrected the number of funded providers. He said last month there were 130, but there were actually a total 96 care and prevention providers until recently. He indicated that the roster of funded agencies was in the packet, with psychosocial case management providers compiled, as well, on a separate sheet, per the Commission's request from the prior Commission meeting.
- Mr. Engeran said there was a discussion about standards of care last month that he found confusing. It was his understanding that Commission-approved standards of care are incorporated into contracts. On the other hand, contracts may be funded through more than one stream of funding. He asked for clarification on how standards are applied.
- Mr. Pérez replied that OAPP seeks to supply a comprehensive system of HIV/AIDS care in Los Angeles County. He said that OAPP relies on the Commission's funding recommendations to guide investments and on the standards of care to guide oversight for the funded services. While there may be more than one funding stream for a service, OAPP seeks to have one local standard irrespective of the funding source to drive service implementation.
- The most opportune time to adjust standards is when a service category is re-solicited. It can be done at other times if there is a significant delay in the renewal process or during the mid-contract period, but it is not as sensitive to the needs of providers in adjusting to changes. Mr. Engeran said he understood that the standards represent minimum expectations for the County.
- Dr. King said standards represent "recommendations", not requirements. OAPP takes those recommendations and develops requirements to be incorporated into the contracts.
- Mr. Vincent-Jones said OAPP must use Commission allocations for Part A funds. They can also be used as recommendations for allocations of other funds, and indicated that there was clear statutory authority for that. He said the same approach pertained to standards of care. That is, standards for Ryan White services represent minimum service delivery requirements for services funded with Part A; recognizing that they were not binding for services funded by other sources, it would realistically be hard to vary service contracts based on funding streams. He continued that OAPP may include additional requirements above and beyond the Commission's expectations, but cannot disregard the

Commission's basic requirements. He said that was an important point that the SOC Committee kept in mind during the standards development process, and why the standards are much less prescriptive than contract language. He said that if that is not how OAPP views the process, dialogue on the issue is necessary.

- Mr. Pérez agreed it was an important discussion. The question arose last month in the wake of the Commission's allocations that eliminated or reduced allocations for several service categories. That action required OAPP to determine if those service categories would be funded from other sources and, if so, how to deliver that service.
- He went on to say that the Commission forwards recommendations to the BOS and they endorse them. The pattern and practice for OAPP is that it has helped inform the process, are part of the deliberations and to finalize the allocations. Mr. Vincent-Jones responded that the Commission does not forward allocations to the Board for endorsement, and they represented final allocation decisions. He said that, additionally, there had not been serious concerns ever expressed by the CEO or grantee over the Commission's allocations in the past.
- He continued that the Standards of Care (SOC) Committee has already said publicly that they are not yet satisfied with outcomes and indicators in the adopted standards of care, but they adopted them to have some benchmarks. The SOC Committee expects to develop outcomes and indicators soon in a separate process. Even so, SOC has understood that ratified standards constitute mandatory minimum expectations for Ryan White-funded services. The Commission adopted a policy about a year ago, with OAPP's agreement, that OAPP would develop new contract templates and SOC would review them to ensure they were consistent with the adopted standards. He noted that the standards had been developed with heavy participation from OAPP staff, and, in this first round, had been significantly informed by current contractual language. He added that there has always been good interaction between OAPP and the SOC Committee, and that he and Dr. King had discussed in the past that the Committee and OAPP will have to come to agreement on minimum requirements that cannot feasibly be implemented in a short timeframe.
- Dr. King noted that standards are always reviewed and nearly always incorporated whole into the contracts. Sometimes, however, there is a need to adapt them, for example, should federal requirements change.
- ➡ Mr. Land requested the Commission be notified of the Part A Supplemental award as soon as it arrives, so it can be agendaized for the P&P.
- ➡ It was agreed to refer further discussion on planning council authority to the Executive Committee.

B. Year 17 Minority AIDS Initiative (MAI):

- OAPP has begun work on the Part A MAI application under Dr. Green's leadership and guidance.
- Internal meetings, which Mr. Vincent-Jones attended, have begun to review the framework of the application, to establish internal guidelines and to define the role of the Commission in the application development.
- Mr. Pérez expects to review the application several days before it is due to be submitted early electronically. The Part A application was submitted early, avoiding delays when the system crashed.

C. HIV Counseling and Testing:

- Mr. Pérez said OAPP had been prepared to present 2004-2005 counseling and testing data. Staff, however, has just completed a review of 2006 data. In discussion with Dr. Green, Ms. Rumanes and the Commission, it was decided to defer the report and present new 2005-2006 data later.
- OAPP is preparing for HIV Counseling and Testing Week during the last week in June. Ms. Rumanes requests that the Commission Co-Chairs or designees participate in the planning. Mr. Braswell said he and Ms. Bailey would participate.
- Mr. Hamilton asked when the community meeting would be. Mr. Pieribone replied it would be May 15th, 1:00 to 3:00 p.m., at OAPP. It is open to the community.

12. HIV EPIDEMIOLOGY PROGRAM REPORT:

- Dr. Frye reported that there were now 4,823 case reports in the name-based HIV reporting registry. There were an additional 1,400 AIDS cases reported under the new law, which is about one-third of the State's current reported total.
- There are 10,000 to 12,000 cases pending investigation. About 38% are coded cases awaiting re-investigation to convert them to named cases. The remainder of the cases are new. Efforts to investigate the cases continue and will be expanded if additional State or federal funds become available.
- Ms. Broadus asked if there had been progress in developing a new definition of heterosexual women at risk. Dr. Frye said he was not on the national Council of State and Territorial Federal Epidemiologists work group, but expected a position paper within a year. He believed the State was working on a similar effort.

13. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Mr. Giugni said the meeting opened with the Counseling and Testing report on 2004-2005 data. The 2005 to 2006 data version, as previously mentioned, would be presented to the Commission. He said the report was helpful in breaking data into various demographics of both those tested and those testing HIV+.

- Mr. Giugni went on to report an update on the joint needs assessment: both survey tools are completed, downloaded and pilots have begun. IRB approval is pending.
- Ms. Watt said the PPC has formed a work group to develop the next iteration of the prevention plan. Members include SPN coordinators, community members, consumers and PPC members. The work group is meeting twice a month.
- Ms. Watt reported that their Public Policy Committee has requested re-establishing a joint Public Policy Committee. She said that more and more legislation reflects interests of both groups and joint work groups have been fruitful, and circumstances had changed enough at PPC to warrant a new reconsideration of the issue.
- ➡ The Public Policy Committee agreed to consider the issue at its next meeting.
It was agreed to agendize the subject for the Commission's Public Policy Committee and invite PPC participation.
- Mr. Hamilton asked what the SPN role was in prevention and integration of prevention with care and treatment. Many participants are prevention providers. While he reports to SPA #6 on the Commission, they had no official PPC report. Mr. Land said that he has rotated meetings that the reports to, but perhaps there could be additional help in reporting. Ms. Broadus said she felt better integration was important for improved cross-fertilization of information among SPAs. Ms. Watt said some SPAs have mentored coordinators. PPC attendance has increased from two or three to almost 100%.
- Mr. Pérez clarified that the SPNs evolved, in part, from the Coordinator Prevention Networks (CPNs). They are intended to facilitate the integration of care and prevention services for OAPP funded and non-OAPP funded services in a specific geographic area. He felt the system needed to become more efficient with communication channels. The Commission is more constituent-driven than the PPC. The SPN lead agencies are expected to facilitate information to the SPAs from both the Commission and PPC. Ms. Rotenberg said she had participated as a lead agency with the previous CPN that had helped in the SPN development. She said those agencies with that experience could help agencies to which the SPN framework is new.
- ➡ Mr. Vincent-Jones suggested that the SPN Integration meeting the following week would be a good venue to discuss the subject.

14. TASK FORCE REPORTS:

- A. **Commission Task Forces:** There were no reports.
- B. **Community Task Forces:** There were no reports.

16. SPA/DISTRICT REPORTS:

- **SPA #1:** Ms. Granai thanked APLA representatives who attended their most recent meeting. Mr. Land provided information on psychosocial case management. UCLA also returned. They completed 30 surveys over the two trips, demonstrating that PWH/A in the SPA will participate in studies. The next meeting will be June 13th. She also requested guidance on how best to report to the Commission.
- ➡ Mr. Vincent-Jones noted the place was reserved on the agenda to ensure SPAs had a voice, but not specific guidelines had been developed. He suggested SPN Integration meeting discuss it.
- **SPA #2:** Ms. Sanchez reported that the Mental Health Department presented on the Mental Health Service Act and provided resource directories. They also discussed the Counseling and Testing Week, as well as the USCA coming to Palm Springs. Their meetings are held the first Thursday, with the next one on June 7th.
- **SPA #3:** Mr. Chavez reported that their next meeting would be May 17th.
- **SPA #4:** Ms. Rotenberg said their next meeting would be May 17th. A presentation on provider burnout is planned. The SPN is working to increase quarterly CAB meeting consumer representation. Assistance is available for transportation and possibly childcare. There are incentives. The next meeting will be May 16th. AIDS Research Alliance presented at the last meeting on clinical trials. Sober Sex, a crystal meth recovery support group, also presented.
- **SPA #5:** Ms. Fisher reported the next meeting would be May 17th. Housing is a key issue for the SPA. Rebecca Isaacs, the new Executive Director, Los Angeles Homeless Services Authority, will present at the next meeting. There will be training in June on how to procure housing. In July, housing agencies will explain their processes.
- **SPA #6:** Ms. Price reported there would be a health fair on May 19th in recognition of Women's Health Month. There will be screenings for HIV and STDs, diabetes, high blood pressure, and mammograms for women 40 and over. The fair is sponsored by Watts Health Center and the SPN. On May 18th, Watts Health Care will honor their 199 female clients who are 80 to 107 with a reception at Watts Health Center. AIDS Research Alliance presented on microbicides at the last SPN meeting. The Tuberculosis Task Force also presented on tuberculosis and HIV. SPN meetings are held the second Tuesday.
- **SPA #7:** Ms. Leon reported they had a presentation on the food voucher program. Only one agency in the SPA is in the program, receiving 77 vouchers. They have 1,000 clients, while others receive services elsewhere. The concern will be brought to the SPN Integration meeting. They also are concerned that there is more participation from agencies that are not OAPP-funded than from those that are and more prevention than care providers. Their next meeting is May 25th.
- **SPA #8:** Ms. DeAugustine reported that their meetings are the third Wednesday of the month, with the next on May 16th. There will be the first part of a presentation on a needs assessment conducted by the Long Beach Planning Group, and the SPA. A three-month process, first results will be received next week with additional data in June.

- Ms. Broadus requested more information on the assessment. Ms. DeAugustine replied that the Long Beach Planning Group is funded by the State for prevention and must do an assessment every three years. A consultant was hired from Long Beach Cal State and they did focus groups for providers and consumers. SPA #8 includes the Long Beach area.

17. STANDING COMMITTEE REPORTS:

A. Operations Committee: Ms. DeAugustine and Ms. Baumbauer are the new co-chairs.

1. **Member Nominations:** It was agreed to vote the slate. Dr. Frye noted that their office is now part of the Communicable Disease Control Division.

➡ The office name would also need to be updated in the Ordinance and in the roster.

MOTION #5: Forward the nominations of the following candidates for Board of Supervisors approval to the following seats: Carla Bailey, Consumer District #2 seat; Anthony Braswell, Consumer District #3 seat; Eric Daar, Health Systems seat; Douglas Frye, Office of HIV Epidemiology representative seat; David Giugni, City of West Hollywood representative seat; Jan King, Part B representative seat; Bradley Land, Board Office District #5 representative seat; Peg Taylor, State Office of AIDS representative seat (*Passed by consensus*).

2. **Member Duty Statements (New):** There were no new member duty statements.

3. **Member Duty Statements (Introduced):** The State Office of AIDS Duty Statement had been introduced the previous month for public comment. It is part of the continuing project to develop duty statements for all seats. Five duty statements are left.

MOTION #6: Approve member duty statement for State Office of AIDS seat, as presented (*Passed by consensus*).

4. **Membership Recruitment:** Recruitment continues.

B. Public Policy Committee: The calendar was corrected to note that change in the May meeting date, due to multiple conflicts.

1. **SB 767: Overdose Treatment Liability Act:**

- Ms. Schwartz reported that naloxone (also known as Narcan) can counter an opiate overdose.
 - Daniel Rivas, PPC Policy Chair, staff for the Drug Policy Alliance, and Policy Chair for the Overdose Prevention Task Force for Los Angeles County, provided an update. The bill originally would have removed liability from both physicians and third-party individuals for administering the drug. It was revised Tuesday to cover only physicians, but they were the first concern for coverage. He continued that the bill is considered a research project that will sunset in two years.
 - Ms. Schwartz said the motion would ratify support of the letter in the packet. The letter was drafted at the request of the CAO and had a short turnaround. It was felt the matter would not be controversial for the Commission since it was consistent with the previously supported needle exchange. The Public Policy Committee has approved the letter.
 - Dr. Long thanked the Commission for quickly providing the letter. The vote Tuesday for this County-sponsored bill benefited from the support.
- ➡ Ms. Schwartz noted the Committee would be developing a policy and procedure for addressing future time-sensitive matters in this way.

MOTION #7: Ratify support of SB 767, as presented (*Passed by consensus*).

2. **AB 110: Syringe Exchange Funding:**

- This Assembly bill is the re-introduced version of a bill from last year. The Commission has consistently supported needle exchange in the past.
- It would authorize a government entity that receives State general funds from the Department of Public Health for HIV prevention and education to use the funds to support clean needle and syringe exchange projects authorized by the public entity. Funds could be used to purchase sterile hypodermic needles and syringes.
- Ms. Schwartz noted the bill is particularly helpful since it authorizes the use of funds for actual needles and syringes. Many programs, including that of the City of Los Angeles, prohibit their purchase.
- Mr. Vincent-Jones said that, since the previous bill had been supported, it was not technically required to approve this one. The Committee had felt, however, that support reinforced the Commission's position.

MOTION #8: Support HR 110, as presented (*Passed by consensus*).

3. **BOS HIV Corrections Motion:** Ms. Schwartz said the BOS approved a motion April 17th that promotes HIV/AIDS policy consistent with public health standards and legislation that increases accessibility of HIV screening, education, outreach, care and treatment. It facilitates the BOS in advocating for bills, especially those related to incarceration. Specific Commission support is not needed since the BOS has already passed the motion, and the Commission helped with the motion.
4. **HR 822: Routine HIV Screening:** Ms. Schwartz reported the BOS voted May 1st to support this federal bill that requires health insurance plans to cover routine HIV tests in the same manner as other health screenings. The Commission voted to support this bill the prior month.

5. **HR 1943: Stop AIDS in Prison Act:** Ms. Schwartz reported the BOS also voted May 1st to support this federal bill that provides opt-out HIV testing on entry and release from federal prisons, in addition to education and treatment. The Commission had voted to support the previous version of this bill.
6. **S 1103: Helping Fill the Medicare RX Gap:**
 - Ms. Schwartz reported that this federal bill addresses the Medicare Part D “donut hole”. This is a coverage gap between \$3,100 and \$5,600 in out-of-pocket expenses. This bill redefines ADAP and other similar special coverage program prescription costs as part of out-of-pocket expenses that count toward the “donut hole” threshold.
 - ADAP coverage is not interrupted in the “donut hole”, but other medications are not covered. That is a particular problem with people who require medications not on the ADAP formulary.
 - While the Commission has supported this in the past, Ms. Schwartz felt the symbolic reiteration of support for such an important piece of legislation was important.**MOTION #8A: (Schwartz/Land) Support S 1103, as presented (Passed by consensus).**
7. **State Budget Requests:** Mr. Engeran reported the May revise is anticipated shortly. He noted there might be some modifications to the AIDS budget.
8. **Name-Based HIV Reporting:** There was nothing new on the legislative front to report.

C. Standards of Care Committee:

1. **Grievance Policy and Procedure:** This item was postponed.

D. Priorities and Planning (P&P) Committee:

1. **Systems Thinking Technical Assistance:** Mr. Goodman announced that the second part of the training for invitees would be next Thursday and Friday. The training will apply previously studied material to the EMA’s strategic planning. Mr. Hamilton said the first part helped him think in new ways about the system of care.

18. COMMISSION COMMENT:

- Ms. Taylor provided an update on the State MAI application. Advocates’ emails began to arrive as she was explaining the Commission response to the OA Acting Chief on the phone, acknowledging the Commission’s immediate work on the issue. In response, the OA has begun work on the application. Ms. Taylor was thanked for perseverance. It was agreed that the previously approved letter would still be sent.
- Mr. Skinner said he was confronted at a meeting at the hospital regarding transportation guidelines. They are designed for areas with more access than the Antelope Valley. Accommodations are needed for the area and a task force is being developed to address the problem.
- ➡ Mr. Pérez responded that he would look into the problem and report back next month.

19. ANNOUNCEMENTS: There were no other announcements.

20. ADJOURNMENT: Mr. Braswell adjourned the meeting at 12:50 p.m.

- A. Roll Call (Present):** Bailey, Baumbauer, Braswell, Broadus, Chavez, DeAugustine, Engeran, Frye, Goddard, Goodman, Hamilton, Johnson, King, Kochems, Land, Long, McCoy, Palmeros, Mario Pérez, Schwartz, Skinner, Taylor, Watt, Woodard

Commission on HIV Meeting Minutes

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MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the April 12, 2007 Commission meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2A: (Engeran/Land) Write a letter from the Commission to HRSA requesting guidance on the definition of case management.	<i>Ayes:</i> Acosta, Baumbauer, Chavez, DeAugustine, Engeran, Giugni, Goodman, Johnson, Kochems, Schwartz, Skinner <i>Opposed:</i> Bailey, Braswell, Broadus, Goddard, Hamilton, King, Nollado <i>Abstentions:</i> Land, Long, McCoy, Taylor, Woodard	MOTION PASSED Ayes: 11 Opposed: 7 Abstentions: 5
MOTION #3: Adopt the Commission's Year 17 Implementation Plan, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Elect nominees to the Executive Committee At-Large seats, as nominated.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4A: (Kochems/Land) The Commission will submit a letter to the Governor strongly recommending that the Part B MAI application be expedited.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #5: Forward the nominations of the following candidates for the Board of Supervisors approval to the following seats: <ul style="list-style-type: none">• Carla Bailey, Consumer District #2 seat• Anthony Braswell, Consumer District #3 seat• Eric Daar, Health Systems seat• Douglas Frye, Office HIV Epidemiology representative seat• David Giugni, City of West Hollywood representative seat• Jan King, Part B representative seat• Bradley Land, Board Office District #5 representative seat• Peg Taylor, State Office of AIDS representative seat	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #6: Approve member duty statement for State Office of AIDS seat, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #7: Ratify support of SB 767, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #8: Support HR 110, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #8A: (Schwartz/Land) Support S 1103, as presented.	<i>Passed by Consensus</i>	MOTION PASSED